

We look forward to assisting you in scheduling your imaging test.

/es/ Sharon Deo
Medical Support Assistant
Signed: 07/12/2022 15:02

Date/Time:	08 Jul 2022 @ 1527
Note Title:	Letter to Patient
Location:	No CA Healthcare Sys-Martinez
Signed By:	JONES,SHEARON
Co-signed By:	JONES,SHEARON
Date/Time Signed:	08 Jul 2022 @ 1532

Note

LOCAL TITLE: Letter to Patient
STANDARD TITLE: LETTERS
DATE OF NOTE: JUL 08, 2022@15:27 ENTRY DATE: JUL 08, 2022@15:27:16
AUTHOR: JONES,SHEARON EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Department Of Veterans
Affairs
VA Northern California Health Care System
(VANCHCS)

CLINIC ADDRESS:
5342 Dudley Blvd., McClellan, CA 95652

JULY 8, 2022

ROBERT ALLEN ROSS
[REDACTED]

Dear Mr. ROSS:

Dr. Dulai, your primary care provider, wants you to know that the myocardial perfusion study completed on July 7, 2022 shows no perfusion defects suggestive of ischemia or a prior myocardial infarction. Your left ventricle ejection fraction is normal at 71%. There is a 9mm right upper lobe pulmonary groundglass opacity noted. Dr. Dulai recommends follow up with a CT scan in six months which has been ordered.

APPENDIX 615

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.
2. Normal LV systolic function. LVEF = 71% (normal $\geq 50\%$).
3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

Should you have questions, please call 1-800-382-8387.

Sincerely,

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Patient Record Number 7366310

Date/Time:	07 Jul 2022 @ 1556
Note Title:	Care Management Nursing Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	JONES,SHEARON
Co-signed By:	JONES,SHEARON
Date/Time Signed:	07 Jul 2022 @ 1605

Note

LOCAL TITLE: Care Management Nursing Note
STANDARD TITLE: CARE MANAGEMENT NURSING NOTE
DATE OF NOTE: JUL 07, 2022@15:56 ENTRY DATE: JUL 07, 2022@15:56:51
AUTHOR: JONES,SHEARON EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Care Management Nursing Note Has ADDENDA ***

COVID-19 Telephone Follow-Up
Patient notified of positive COVID-19 test result.
Symptoms:

The patient was asked if in the last 14 days they have had new onset of any COVID-19 symptoms. They report the following:

Cough

Comment: Patient began coughing on today.

Headache

Within the past 14 days, the patient reports no exposure to someone with a febrile/respiratory illness or someone with a known or suspected case of COVID-19 (within 6 feet for > 15 minutes).

Care Disposition

Positive COVID-19 must ISOLATE

- Regardless of vaccination status
- Day 0 is the first day of symptoms or a positive viral test. The count of days starts the next full day.
- Asymptomatic patients may end isolation after 5 full days.
- Symptomatic patients (mild/moderate illness) may end isolation after 5 full days if fever-free (without fever-reducing medication use) and symptoms have improved.

Patient condition:

Does not meet CDC guidelines to end isolation.

- Discussed continued measures to avoid transmission and what to do if symptoms significantly worsen.

Patient can care for self at home.

Plan and Patient Education

Patient was advised to notify contacts, including home health workers, of COVID positive exposure/status.

Information provided on preventing the spread of COVID-19.

- Stay at home except to get medical care that cannot be provided by a telephone or video visit.
- Get rest and stay hydrated.
- Call ahead before visiting your doctor.
- Wear a facemask around others if you are sick.
- Cover your coughs and sneezes.
- Clean your hands often.
- Keep a six-foot distance from others in your home, ideally in a separate room. Isolate in a private room, if available.
- Avoid sharing household items.
- Disinfect high touch surfaces daily, ideally with a product that kills cold and flu viruses.

Time spent: 10 minutes

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 07/07/2022 16:05

Receipt Acknowledged By:

07/07/2022 16:21 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

07/07/2022 ADDENDUM STATUS: COMPLETED
Veteran request a note stating his Covid 19 (+) condition, so he can submit to his employer tomorrow (7/8/22).

If possible please E-mail: 1RROSS@COMCAST.NET
PH# - Cell: ([REDACTED])

Thank you,

/es/ MICHELLE L RAWLINGS
VISN 21 TLC/CCC, AMSA
Signed: 07/07/2022 18:30

Receipt Acknowledged By:
07/12/2022 10:45 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care
07/07/2022 19:15 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

07/07/2022 ADDENDUM STATUS: COMPLETED
please write letter for employer. Also possibly someone else can pick up for him or we can do thru secure messaging?

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 07/07/2022 19:16

Receipt Acknowledged By:
07/08/2022 15:35 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Date/Time:	07 Jul 2022 @ 1412
Note Title:	Holter Monitor Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SOUSA,MARIA FATIMA
Co-signed By:	SOUSA,MARIA FATIMA
Date/Time Signed:	07 Jul 2022 @ 1416

Note

LOCAL TITLE: Holter Monitor Note
STANDARD TITLE: CARDIOLOGY PROCEDURE NOTE
DATE OF NOTE: JUL 07, 2022@14:12 ENTRY DATE: JUL 07, 2022@14:12:52
AUTHOR: SOUSA,MARIA FATIMA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ZIOPATCH INSTALL

ROSS, ROBERT ALLEN was given a Ziopatch monitor per DULAI, KAMALPREET's request because of SYNCOPE.

Ziopatch Serial Number: N891049874

Device registered on the Ziopatch Company website? Yes

Patient will remove device on Jul 21, 2022 and mail in to the Ziopatch company using prepaid postage.

/es/ Sousa, Maria

Contractor, Medical Inst Tech/Cardiology, SAC

Signed: 07/07/2022 14:16

Date/Time:	07 Jul 2022 @ 1215
Note Title:	Screening Covid
Location:	No CA Healthcare Sys-Martinez
Signed By:	LEMMONS, TAREZ
Co-signed By:	LEMMONS, TAREZ
Date/Time Signed:	07 Jul 2022 @ 1217

Note

LOCAL TITLE: Screening Covid
 STANDARD TITLE: INFECTIOUS DISEASE RISK ASSESSMENT SCREENING NOT
 DATE OF NOTE: JUL 07, 2022@12:15 ENTRY DATE: JUL 07, 2022@12:16
 AUTHOR: LEMMONS, TAREZ EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Coronavirus Disease 2019 (COVID-19) Screen

The patient was asked if in the last 14 days they have had new onset of any COVID-19 symptoms. They report the following:

Cough
 Headache
 Muscle pain (Myalgias)
 Runny nose (Rhinorrhea)

The patient reports close exposure (within 6 feet for more than 15 minutes) to someone with a febrile/respiratory illness within the last 14 days.

Result:

Patient has a positive symptom or exposure and requires further evaluation.

Date of the earliest symptom:

Date: July 4, 2022

COVID-19 Secondary Screening

The patient has the following previously known conditions which may mimic COVID-19 symptoms:

None

Plan:

Home Care Instructions Reviewed, Tele/VVC appt scheduled with physician or advanced practice provider, Report to testing center for swabbing

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

COVID-19 Swab Testing

Swab completed for Covid-19

CDC Person Under Investigation (PUI) form completed and to lab w/specimen

Symptoms: MA COUGH RN ST

Plan: Discharged Home for Self-Quarantine, Post Swab Instructions Reviewed, Home Care Instructions Reviewed

Veteran/caregiver verbalized an understanding of/agreed with the plan of care. Veteran/caregiver instructed to call VetsCONNECT or the PACT care manager for any future routine issues/concerns. Veteran/caregiver advised to call 911 for any potentially life threatening problems/conditions.

/es/ TAREZ LEMMONS,BSN-RN,PMHN-BC

NURSE,COVID-19,MATHER

Signed: 07/07/2022 12:17

Date/Time:	07 Jul 2022 @ 0950
Note Title:	Treadmill 30032
Location:	No CA Healthcare Sys-Martinez
Signed By:	CHAN,IAN
Co-signed By:	CHAN,IAN
Date/Time Signed:	08 Jul 2022 @ 0946

Note

LOCAL TITLE: Treadmill 30032

STANDARD TITLE: CARDIOLOGY PROCEDURE NOTE

DATE OF NOTE: JUL 07, 2022@09:50 ENTRY DATE: JUL 07, 2022@09:51

AUTHOR: CHAN,IAN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

ROSS,ROBERT ALLEN

GENDER:MALE

HEIGHT:68 in [172.7 cm] (07/26/2019 13:37)

WEIGHT:170 lb [77.11 kg] (06/09/2022 10:06)

REFERRING PROVIDER: Dulai, Kamalapreet

PROVIDER PERFORMING TEST: Sanchez, Irene

TECHNICIAN: Andrey Melnik

DATE OF TEST: Jul 7,2022

REASON FOR TEST: CAD

STRESS TEST PROTOCOL: LEXISCAN (pharmacologic)

RESTING HEART RATE: 58 bpm

MAXIMUM HEART RATE: 92 bpm

RESTING BLOOD PRESSURE: 151/84mmHg

RESTING ECG: NSR, RAD

CHEST PAIN: None

ARRHYTHMIAS: None

ST CHANGES: None

CONCLUSIONS:

resting HTN

normal response to LExiscan infusion.

*** SEE SEPARATE RADIOLOGY REPORT FOR NUCLEAR IMAGING RESULTS ***

Preliminary data entered by Andrey Melnik, Jul 7,2022@09:51; data verified and edited for accuracy as necessary. Final interpretation and report by Ian Chan, MD.

/es/ Ian Chan, MD

Staff Physician, Cardiology

Signed: 07/08/2022 09:46

Date/Time:	07 Jul 2022 @ 0747
Note Title:	CONSENT CLINICAL IMED
Location:	No CA Healthcare Sys-Martinez
Signed By:	CVIX,IMEDWEBUSER
Date/Time Signed:	07 Jul 2022 @ 0747

Note

LOCAL TITLE: CONSENT CLINICAL IMED

STANDARD TITLE: CONSENT

DATE OF NOTE: JUL 07, 2022@07:47:13 ENTRY DATE: JUL 07, 2022@09:47:23

AUTHOR: CVIX,IMEDWEBUSER EXP COSIGNER:

URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

Signature Informed Consent for Heart - Stress Test Regadenoson MPI

1. Anatomical Location: See description
2. Informed consent was obtained at 9:25 AM on 7/7/22.

The full consent document can be accessed through Vista Imaging.

3. Patient name: ROSS, ROBERT ALLEN
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

To evaluate the function of the heart muscle before and during stress. To detect and assess the risk of significant coronary artery disease. This test helps find blocked arteries to the heart muscle. This test provides a prognosis for those with known coronary blockage(s). This test will help estimate the risk to the heart of an upcoming surgery.

7. Treatment/procedure: This procedure involves using myocardial perfusion imaging (MPI) to compare pictures of the heart at rest and during stress. A radioactive tracer is used. It is injected in the blood stream. It is taken up by living heart muscle cells. If these cells are able to take up the tracer, then that area of the heart will light up on the images. If there is a significant blockage in the heart arteries, or the heart muscle cells are damaged, then no tracer will be seen. This will produce a dark area on the images. By comparing the rest and stress images, your doctor can determine areas damaged or having decreased blood flow. Regadenoson is a medicine that stimulates the heart muscle without need for exercise. It works by enlarging the heart's blood vessels; allowing good flow through normal vessels and less blood flow through blocked ones. It is generally used for people who cannot tolerate exercise.

Your provider will put an IV (small plastic tube) into a vein. This is usually in your arm. Your provider will also place small stickers on your skin.

These are called electrodes. Your provider attaches these electrodes to a recording machine. This machine is called an electrocardiogram (ECG). This allows the provider to monitor your heart during the procedure. Your provider will inject a small amount of radioactive material through the IV. You will be asked to either sit or lie still in a nuclear camera. This will take pictures of your heart over 10-20 minutes.

Your provider will then inject the Regadenoson through the IV. The

radioactive material will be injected again. You will be asked to either sit or lie still in a nuclear camera. A second set of pictures will be taken over 10-20 minutes. When the test is done, your provider will remove the electrodes and IV.

8. No, neither anesthesia nor moderate sedation will be used in this treatment/procedure.

9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this treatment/procedure.

10. Practitioner obtaining consent: Irene Rachel Sanchez, NP

11. Supervising practitioner:

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 07/07/2022
by: IMEDWEBUSER CVIX

Date/Time:	02 Jul 2022 @ 0902
Note Title:	Radiology Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SWAN,NEPHTERIA
Co-signed By:	SWAN,NEPHTERIA

Date/Time Signed: 02 Jul 2022 @ 0903

Note

LOCAL TITLE: Radiology Note
 STANDARD TITLE: RADIOLOGY NOTE
 DATE OF NOTE: JUL 02, 2022@09:02 ENTRY DATE: JUL 02, 2022@09:03:01
 AUTHOR: SWAN,NEPHTERIA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** Radiology Note Has ADDENDA ***

EXAM CANCELLATION

Date order was placed: Jun 9,2022

The patient was scheduled to have a Ultrasound examination of the
 cartoid. This examination has been discontinued for the following
 reason: PAT NO SHOWED; REORDER IF STILL INDICATED.

Thank you,
 Radiology/Nuclear Medicine Service

/es/ Nephteria Swan
 Medical Support Assistant
 Signed: 07/02/2022 09:03

Receipt Acknowledged By:
 07/04/2022 16:10 /es/ Kamalpreet Dulai, MD
 Physician, Primary Care

07/08/2022 ADDENDUM STATUS: COMPLETED
 please re order pt called wanting to schedule

/es/ Nephteria Swan
 Medical Support Assistant
 Signed: 07/08/2022 15:36

Receipt Acknowledged By:
 07/08/2022 16:27 /es/ Kamalpreet Dulai, MD
 Physician, Primary Care

Date/Time: 19 Jun 2022 @ 1536

Note Title: Radiology Note

Location: No CA Healthcare Sys-Martinez

Signed By: SWAN,NEPHTERIA

Co-signed By: SWAN,NEPHTERIA

Date/Time Signed: 19 Jun 2022 @ 1538

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUN 19, 2022@15:36 ENTRY DATE: JUN 19, 2022@15:36:39

AUTHOR: SWAN, NEPHTERIA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Northern California Health Care Systems Imaging Department

JUN 19, 2022

ROBERT ALLEN ROSS
[REDACTED]

DEAR ROBERT ALLEN ROSS

Our records indicate that you missed the below appointment(s):

Date/Time: Jun 19, 2022

Clinic: Ultrasound

Telephone: 916-364-3158 - Ultrasound, Mather/McClellan

To reschedule this appointment, please contact the Radiology at the telephone number listed above - Monday through Friday, 8:00 AM to 4:30 PM, excluding holidays. Please contact us within 14 days of date of this letter to reschedule or your order will be cancelled due to being obsolete.

If you are unable to keep future appointments, please call Radiology to cancel or reschedule your appointment. This will assist us in our efforts to assure timely access to care for all of our veterans.

VA Northern California Health Care System

Sacramento Medical Center

10535 Hospital Way

Mather, CA 95655

/es/ Nephteria Swan

Medical Support Assistant

Signed: 06/19/2022 15:38

Date/Time:	16 Jun 2022 @ 1515
Note Title:	Cardiology EKG Completion Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SIMON,CAMILLE
Co-signed By:	SIMON,CAMILLE
Date/Time Signed:	16 Jun 2022 @ 1518
Note	

LOCAL TITLE: Cardiology EKG Completion Note

STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY NOTE

DATE OF NOTE: JUN 16, 2022@15:15 ENTRY DATE: JUN 16, 2022@15:15:45

AUTHOR: SIMON,CAMILLE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

The patient ID self by full name and DOB.

EKG COMPLETION - NURSE/TECH

EKG completed and given to Dr. Doctor. for review: Result: "Normal sinus rhythm, normal ECG."

Provided patient with updated list of upcoming appointments.

Patient declined shingrix vaccine at this time.

/es/ CAMILLE SIMON

Primary Care, MCC

Signed: 06/16/2022 15:18

Date/Time:	14 Jun 2022 @ 0848
Note Title:	Letter to Patient
Location:	No CA Healthcare Sys-Martinez
Signed By:	JONES,SHEARON
Co-signed By:	JONES,SHEARON
Date/Time Signed:	14 Jun 2022 @ 0911

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JUN 14, 2022@08:48 ENTRY DATE: JUN 14, 2022@08:48:18

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

JUNE 14, 2022

ROBERT ALLEN ROSS
4701 HAYLOFT COURT
[REDACTED]

Dear Mr. ROSS:

Per our conversation, your LDL (low-density lipoprotein), which is sometimes called "bad" cholesterol, is not at goal. Per your agreement, medication Atorvastatin 40mg is being mailed to you to take orally daily.

Your hemoglobin A1c, which tells us what your average blood sugar has been over the three months prior to the blood draw, is 6% and the normal range is 4.1-5.7%. Please monitor your diet by eating healthy carbohydrates such as fruits, vegetables, whole grains, legumes and low-fat dairy products. Avoid less healthy carbohydrates such as foods or drinks with added fats, sugars and sodium. Choose healthy carbohydrates, fiber-rich foods, fish and "good" fats.

Your potassium is higher than normal. Please avoid foods with high potassium like avocados, bananas, oranges, grapefruit juice, green leafy vegetables and melons of all kinds.

Your B12 is still low. As we discussed, you just started taking the Vitamin B12 supplement daily. Fasting labs are ordered for you to complete in three months (September 2022).

Should you have questions, please call 1-800-382-8387.

Sincerely,

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Patient Record Number 7366310

Date/Time:	09 Jun 2022 @ 1420
Note Title:	PCMHI Primary Care Mental Health Consult
Location:	No CA Healthcare Sys-Martinez
Signed By:	ARANETA,ANGELA M
Co-signed By:	ARANETA,ANGELA M
Date/Time Signed:	09 Jun 2022 @ 1505
Note	

LOCAL TITLE: PCMHI Primary Care Mental Health Consult

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: JUN 09, 2022@14:20 ENTRY DATE: JUN 09, 2022@14:21:04

AUTHOR: ARANETA, ANGELA M EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** PCMHI Primary Care Mental Health Consult Has ADDENDA ***

Primary Care Mental Health Integration (PC-MHI) Assessment

Patient Identification: Patient is a 62 year old, DECLINED TO ANSWER MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SC LESS THAN 50% VERIFIED

Total S/C %: 30

LIMITED FLEXION OF KNEE 10%

S/C

KNEE CONDITION 10%

S/C

LIMITED FLEXION OF KNEE 10%

S/C

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date	Instrument	Raw	Trans	Scale
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06/09/2022 11:39	PHQ9	20		PHQ9 GAD-7:
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MHAS - MHA Score

Date	Instrument	Raw	Trans	Scale
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06/09/2022 11:39	GAD-7	14		Anxiety
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REFERRED BY: Dr. Dulai

REASON FOR REFERRAL: depression and passive SI

VISIT DURATION (minutes): 30 mins

Veteran's primary concern(s) (duration, frequency, intensity, triggering events, etc.): Vet described "so much going on in my mind" along with chronic

conflict in his work place that have led him to symptoms of depression, anxiety,

and passive suicidal ideation (without intent or plan). He described a 2 year lawsuit against the union which has been led to chronic stress. He also mentioned tension in his marriage surrounding finances and parenting styles.

FUNCTIONAL ASSESSMENT:

Sleep: Problems with sleep tossing and turning. His flight scheduled vary which also exacerbates sleep. He sleeps separately from his wife due to his restlessness- wakes multiple times per night- estimates no more than 5 hours of sleep on average

Work: Described stress related to his occupation as a flight attendant. He was a former union leader but now is involved in a lawsuit against the union. He feels others have been spreading false information about him on social media.

Close relationships: Today was his 22nd wedding anniversary. He described his marriage as "okay." He stated that their finances and create strain for his wife. He also noted divergent parenting styles for their two children who are currently in college. He expressed dissatisfaction that their son is not held accountable

Brief summary of past mental health treatment (e.g. therapy, medication, hospitalization, inpatient treatment, etc.):
He was seen for a comp assessment in 2015. He was prescribed 50mg Sertraline- took it for a couple months but he did not feel it made much of a difference.

Substance use history:
One glass of wine on occasion at night. Denied tobacco or drug use.

RISK ASSESSMENT:
Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:
Yes- passive SI in the context of being overwhelmed by situational stress stressors- denied intent or plan
CSSRS was negative

Columbia Suicide Severity Rating Scale (C-SSRS)

Date Given: 06/09/2022
Clinician: Colemon, Vivian Denise
Location: Nsac Pact Green

Veteran: Ross, Robert Allen
SSN: xxx-xx-5153
DOB: [REDACTED] (62)
Gender: Male

Suicidal Ideation in Past Month: Yes - Suicidal thoughts

Method/Plan/Intent in Past Month: No method, no specific plan, and no intent

Suicidal Behavior: No Past Suicidal Behavior Reported

KEY INDICATORS:

Questions and Answers:

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2. Over the past month, have you had any actual thoughts of killing yourself?

Yes

3. Over the past month, have you been thinking about how you might do this?

No

4. Over the past month, have you had these thoughts and had some intention of

acting on them?

No

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

No

6. If yes, at any time in the past month did you intend to carry out this plan?

Not asked (due to responses to other questions)

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained

a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If yes, was this within the past 3 months?

Not asked (due to responses to other questions)

MENTAL STATUS EXAM:

Appearance: older Caucasian male with short straight white hair, average build, well groomed

Demeanor: engaged, animated, talkative

Mood: depressed and anxious

Affect: full, congruent with content

Psychotic symptoms/Thought content: no psychosis; thought content focused on stressors

Cognitive deficits/Memory Impairment: recent problems with attention and focus; not formally assessed today

Judgment/Insight: fair/limited

DIAGNOSTIC IMPRESSIONS:

Depressive Disorder; Anxiety

INTERVENTION:

Psychotherapy: Symptom review, functional assessment, risk assessment, medication use, ideas for managing stress, overview of treatment options

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

Veteran provided with Mental Health contact information and information for accessing emergency services (Veterans Crisis Line, 1-800-273-8255, VA or local hospital).

Veteran's questions and/or concerns were addressed.

FOLLOW-UP PLAN:

Referral to other Mental Health services: GMH Consult for therapy and medications placed today

Vet is open to medication trial. Will consult with Dr. Nuismer regarding medication options

Action Plan for Veteran: Encouraged him to limit time spent on social media. Gave him VCL magnet and encouraged him to reach out as needed

/es/ Angela M. Araneta, PsyD
Mental Health, Clinical Psychologist
Signed: 06/09/2022 15:05

Receipt Acknowledged By:
06/10/2022 08:49 /es/ Amy Nuismer, MD
Psychiatry, Family Practice/Women's Health

06/10/2022 ADDENDUM STATUS: COMPLETED
Chart reviewed and case discussed with Dr. Araneta. Only previous medication trial of Zoloft but not adequate trial in terms of dose nor length of tx. Recommend re-trial and titrating up dose as needed to reach effect.

/es/ Amy Nuismer, MD
Psychiatry, Family Practice/Women's Health
Signed: 06/10/2022 08:50

Date/Time:	09 Jun 2022 @ 1010
Note Title:	Preventive Health Screen 11514
Location:	No CA Healthcare Sys-Martinez
Signed By:	COLEMON,VIVIAN DENISE
Co-signed By:	COLEMON,VIVIAN DENISE

Date/Time Signed: 09 Jun 2022 @ 1022**Note**

LOCAL TITLE: Preventive Health Screen 11514
 STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
 DATE OF NOTE: JUN 09, 2022@10:10 ENTRY DATE: JUN 09, 2022@10:11:03
 AUTHOR: COLEMON,VIVIAN DENI EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Clinical Reminders:**Medication Inventory:**

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Unable to review with patient/caregiver due to the following reason:

-Other: Review with pcip.

Allergies:

ERYTHROMYCIN, VICODIN, DARVOCET-N

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE TWO TABLETS BY MOUTH ONCE DAILY FOR 4 WEEKS, THEN TAKE ONE TABLET ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
2) CYANOCOBALAMIN 500MCG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN B-12 SUPPLEMENT	ACTIVE
3) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION	No Active Remote

- Medications for this patient

Nutrition Screening:

Most recent measurements:

Measurement DT WEIGHT
LB(KG)[BMI]

06/09/2022 10:06 170(77.11)[26]

09/15/2020 12:27 167(75.75)[25]

07/26/2019 13:37 165(74.84)[25]

08/17/2015 11:24 164(74.39)[25]

Ht. 68 in [172.7 cm] (07/26/2019 13:37)

BMI 25.9

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 6 which is a positive screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Nearly every day

2. Feeling down, depressed, or hopeless

Nearly every day

Licensed Independent Provider notified of positive screen and need for follow-up.

Name of provider notified: Dr. Dulai, Kamalpreet

Braden Skin Risk Assessment:

No impairment or abnormality in sensory perception, moisture, activity, mobility, nutrition, or friction.

Emotional Health Screening (Nurse):

The Veteran states they have worry or stress in their life.

Source of concern: anxiety, anger issues, financial issues.

Acknowledged Veterans concerns about their emotional health.

Patient to discuss with provider in appointment today.

MOVE! Screening- Overweight/Obesity:

Calculated BMI: 25.9 Weight: 170 lb [77.11 kg] (06/09/2022 10:06)

Educated on the health risks of overweight/obesity including:

heart disease | hypertension

The patient was educated on the available weight management programs and declines treatment at this time.

The patient has not participated in an organized weight management program in the past year.

Vitals:

Most recent VS: Wt. 170 lb [77.11 kg] (06/09/2022 10:06)

BP 137/83 (06/09/2022 10:06)

HR 67 (06/09/2022 10:06)

Temp 98.8 F [37.1 C] (06/09/2022 10:06)

BMI 25.9

Barriers to Education Not Recorded:

The patient has a potential barrier to learning due to a visual limitation.

Suicide Screen:

C-SSRS Screening

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2. Over the past month, have you had any actual thoughts of killing yourself?

Yes

3. Over the past month, have you been thinking about how you might do this?

No

4. Over the past month, have you had these thoughts and had some intention of acting on them?

No

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

No

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Opioid Risk Tool:

OPIOID RISK TOOL (ORT)

Family history of substance abuse:

0 - None

Personal history of substance abuse:

0 - None

Age:

0 - Age greater than 45 (This patient's age is 62)

Psychological Disease:

2 - Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia

Risk Category: Low Risk (0-3)

Total score:

2

/es/ Vivian Denise Colemon, LVN

Nursing Service, Specialty Clinic

Signed: 06/09/2022 10:22

Date/Time:	09 Jun 2022 @ 0953
Note Title:	Primary Care Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	DULAI,KAMALPREET
Co-signed By:	DULAI,KAMALPREET
Date/Time Signed:	09 Jun 2022 @ 1148

Note

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUN 09, 2022@09:53 ENTRY DATE: JUN 09, 2022@09:53:33

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Primary Care Note Has ADDENDA ***

C/C: f/u

HPI: Pt is a 62yo here today for reg med follow up with followign issues:

1. Phlegmy cough since 1/2020, believes he might have had COVID. Has had vaccinations. Not hydrating and also has cramps in hands, LE as well. Using flonase PRN. NO fever with this, no SOB. Continues to have it, and clearing throat, does nto smoke, was not consistent with flonase.

2. continues to have a lot of stress at work. Works as flight attendant, has law suit going on, stress on family, cannot concentrate at work, thinks about SI daily. Wants to sleep and not wake up, but no plan drawn out on how to do it. Has 2 kids in college. +depression.

3. Passed out yesterday in the garden, does not hydrate. States woke up to wife calling his name, denies CP or SOB, no palpitations, however has been having worsenign memory for some time now. No fever. no loss of bowel or urination, no tongue biting or shaking noted by wife.

4. +urgnecy and strainign to urinate, waking up multiple times to urinate.

PMH:

Computerized Problem List is the source for the following:

- | | | |
|---|----------|-----------------|
| 1. Cough | 09/30/20 | BUCAYCAY,ELEANO |
| 2. Knee pain | 08/26/20 | BUCAYCAY,ELEANO |
| 3. Depressive episode | 08/31/15 | WEBER,DIANE ELL |
| 4. General Anxiety | 08/31/15 | WEBER,DIANE ELL |
| 5. Varicose veins of lower extremity (SNOMED CT 72866009) | 08/04/14 | TAYLOR,JEFFERY |
| 6. Impaired Fasting Glucose (ICD-9-CM 790.21) | 04/24/13 | DOCTOR,FEDERICO |
| 7. GERD * (ICD-9-CM 530.81) | 04/24/13 | DOCTOR,FEDERICO |
| 8. DJD, Knee/Lower Leg | 03/04/13 | TAYLOR,JEFFERY |
| 9. CMP INT ORT DEV/GFT NOS | 03/04/13 | TAYLOR,JEFFERY |
| 10. Low Back Pain * (ICD-9-CM 724.2) | 08/09/12 | DOCTOR,FEDERICO |
| 11. Hearing loss * (ICD-9-CM 389.9) | 05/24/10 | DOCTOR,FEDERICO |
| 12. Hyperlipidemia | 06/30/08 | WOO,JOSEPH C |
| 13. Pain in joint involving lower leg (ICD-9-CM 719.46) | 06/27/08 | WOO,JOSEPH C |
| 14. Tear of lateral cartilage or meniscus of knee, | 06/27/08 | WOO,JOSEPH C |

current (ICD-9-CM 836.1)

Medications:

see med list

Immunizations:

PCE IMMUNIZATIONS

Immunization	Series	Date	Facility	Reaction Info
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COVID-19 (MODERNA), MRNA, LNP-S,*	2	03/27/2021	El Dorado*	
	1	02/27/2021	EL DORADO	*

INFLUENZA, INJECTABLE, QUADRIVALE*		10/06/2020	MCCLELLAN	*
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TD(ADULT) UNSPECIFIED FORMULATION		06/00/2005	No Site	
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TDAP		07/26/2019	MCCLELLAN	*
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PCE HEALTH FACTORS SELECTED

IMMUNIZATION [C]

08/17/2015	Refused Td / Tdap / Dtap
07/18/2014	Refused Td / Tdap / Dtap
04/24/2013	Refused Influenza Immunization
03/07/2012	Refused Influenza Immunization
	Refused Td / Tdap / Dtap
02/24/2011	Refused Influenza Immunization
05/24/2010	Refused Influenza H1n1
	Refused Influenza Immunization
12/18/2008	Refused Td / Tdap / Dtap

ROS:

CONSTITUTIONAL: No weight loss, fever, chills, weakness or fatigue.

HEENT: Eyes: No visual loss, blurred vision, double vision or yellow sclerae.

Ears, Nose, Throat: No hearing loss, sneezing, congestion, runny nose or sore throat.

SKIN: No rash or itching.

CARDIOVASCULAR: No chest pain, chest pressure or chest discomfort. No palpitations or edema.

RESPIRATORY: No shortness of breath, cough or sputum.

GASTROINTESTINAL: No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood.

NEUROLOGICAL: syncope

MUSCULOSKELETAL: No muscle, back pain, joint pain or stiffness.

PSYCHIATRIC: depression or anxiety.

PE: A/A/O x3, NAD, WN, WD. VS reviewed

HEENT: Head is normocephalic. The sinuses are nontender. Pupils are equal and

reactive. The nares
are patent. Oropharynx reveals clear without lesions.
HEART: Regular rate and rhythm.
LUNGS: No crackles or wheezes are heard. CTAB
EXTREMITIES: Without cyanosis, clubbing or edema.
NEUROLOGICAL: Gross nonfocal.
Skin: Warm and dry without any rash.
Musculoskeletal: FROM, no deformities noted

Pertinent Labs:

Collection DT Spec CHOL TRIGLYC HDL LDL-CHO

12/08/2021 12:52 PLASM 260 H 171 H 50 176 H

08/20/2020 10:36 PLASM 234 H 285 H 38 L 139

SCL1 - Partial CBC

Collection DT Spec WBC HGB HCT MCV MCHC PLT

12/08/2021 12:53 BLOOD 6.7 15.8 48.0 90.4 32.9 360

SCL1 - Lab Cum Selected 1

Collection DT Spec NA K CL CO2 CALCIUM

12/08/2021 12:52 PLASM 137 4.2 101 27 9.5

SCL2 - Lab Cum Selected 2

Collection DT Spec GLUCOSE BUN CREAT eGFR

12/08/2021 12:52 PLASM 100 15 0.90 >60

08/20/2020 10:35 PLASM 117 19 1.10 >60

SCL3 - Lab Cum Selected 3

Collection DT Spec PROTEIN ALBUMIN T. BIL D BILI ALK PHO AST ALT

12/08/2021 12:52 PLASM 7.7 4.9 H 0.8 60 24 26

HbA1c-last 3

Collection DT Spec HGBA1c

12/08/2021 12:53 BLOOD 6.0 H

07/26/2019 14:54 BLOOD 5.9 H

SCL1 - PSA

Collection DT Spec PSA

12/08/2021 12:53 SERUM 1.23

07/25/2019 10:35 SERUM 1.04

08/06/2015 13:38 SERUM 0.79

07/16/2014 11:17 SERUM 0.68

05/13/2010 11:26 SERUM 0.69

SCLU - TSH

Collection DT Spec Tsh

12/08/2021 12:53 SERUM 3.26

08/20/2020 10:35 SERUM 3.51

Patient [REDACTED]

Patient Sex: M

Total Cholesterol: 260 mg/dL (12/8/2021)

HDL Cholesterol: 50 mg/dL (12/8/2021)

Blood Pressure: 123/70

Smoking status evaluates as: Non-Smoker

Blood pressure treatment evaluates as: Untreated SBP

Diabetes evaluates as: Non-Diabetic

10-year CV risk: 11.7%

10-year CV risk for an African-American: 8.9%

A/p:

1. L knee pain s/p 3 surgeries, pain is now worsening, pt is SC for this.

-saw ortho 4/2022, deciding to hold off on any surgeries at this time and if in future desired, will make appt for possible arthroscopy again

-NSAID PRN, use sparingly to avoid HTN

-diclofenac gel PRN

-FMLA paperwork done 12/2021

2. allergic rhinitis/Cough: chronic, likely PND, encourage hydration and flonase

and zyrtec daily for 4 weeks and if not helping, Update PC to refer to ent

-check cxr today

3. BPH w/luts: will try Flomox 0.4mg daily

4. L cataract: will f/u with eye clinic

5. Low B12: on supplement

6. Vitamin D: on supplement

7. A1c in PreDm: lifestyle changes, pending now

8. Hyperlipidemia: LDL not at goal 12/2021, watch diet and repeat now

9. Syncopal episode? stress rxn, dehydration vs cards?

-worsening memory, likely due to increased stress, refer to PCHMI today

-ekg, carotid US, echocardiogram, MRI brain, NMPS, ziopatch ordered

-if happens again, will need to go to ER immediately.

-continue hydration as well

10. +SI to provider, states thoughts of SI daily, no plan

-increased stress at work, warm hand off to PCHMI today

HCM:

Colon Ca screening: last Cscope done 2011 and wnl, FIT neg 2/2022

Labs pending

Immunizations: shingrix #1 hold off today

f/u in 3 months or sooner PRN

Clinical Reminders:

Emotional Health Screening (Provider):

Patient screened positive for emotional health concerns with nurse.

REMINDER FACTORS [C]

06/09/2022 Worry/Stress Life Yes

anxiety, anger issues, financial issues.

Acknowledged Veterans concerns about their emotional health. Resources Offered to Veteran: Primary Care Mental Health Integration (PCMHI: Insomnia Class, Depression, etc)

Follow-Up Pos PTSD/Depression:

I have reviewed the results of the Mental Health screens and have evaluated the patient. Based on the evaluation, the following disposition plan will be implemented:

Patient to be evaluated by Mental Health

Stat/Emergent Mental Health Evaluation needed.

Comment: warm hand off to PCHMI

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 06/09/2022 11:48

06/13/2022 ADDENDUM STATUS: COMPLETED

please let pt know LDL not at goal, rec starting atorvastatin 40mg, if agreeable, please pend for me

HbA1c is at 6, needs to monitor with diet, low processed sugar/carb diet

K is higher than normal, please avoid foods with high K like avocado and banana

b12 is still low, if taking it daily, must double it. and repeat in 3 months and

if still low, may need injections monthly

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 06/13/2022 09:18

Receipt Acknowledged By:

06/14/2022 09:37 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

06/13/2022 ADDENDUM STATUS: COMPLETED

Called patient and he was identified using 2/3 patient identifiers (full name, full soc sec number, birth date).

Mr. Ross was informed that his LDL is not at goal. He agrees to start taking medication Atorvastatin 40mg daily.

He was informed that his hemoglobin A1c, which tells what your average blood sugar has been over the three months prior to the blood draw, was 6% when checked on June 9, 2022 and that the normal range is 4.1-5.7%. He was encouraged to monitor his diet and to have meals and snacks with vegetables, fruits, lean meats or other healthy proteins, whole grains, and low-fat or nonfat dairy products.

Mr. Ross was told that his potassium is higher than normal and to avoid avocados and bananas.

He was also informed that his vitamin B12 is low and states that he just began taking the vitamin B12 supplement daily. He will repeat labs in three months.

Provider to be informed.

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 06/13/2022 14:17

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Cosigned: 06/13/2022 14:22

07/07/2022 ADDENDUM STATUS: COMPLETED

Please let pt know NMPS shows no perfusion defects suggestive of ischemia or prior MI. Normal LVEF at 71%.

There is 9mm R upper lobe pulm groundglass opacity noted, i rec followup with CT in 6 months, ordered.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is

identified.

2. Normal LV systolic function. LVEF = 71% (normal \geq 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 07/07/2022 15:14

Receipt Acknowledged By:
07/12/2022 11:30 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

07/22/2022 ADDENDUM STATUS: COMPLETED
please let pt know ziopatch is overall benign, no arrhythmia cause noted for syncope, no afib noted, good news!

CONCLUSIONS:

1. Predominant rhythm is Sinus with an avg rate of 79 bpm, range: 51-155 bpm.
2. Triggered events and diary entries do not correlate with significant arrhythmia.
3. No Atrial Fibrillation seen for period observed.
4. No pauses or significant bradyarrhythmia observed.
5. Overall, benign Ziopatch. No arrhythmogenic cause for syncope observed.

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 07/22/2022 10:49

Receipt Acknowledged By:
07/22/2022 11:46 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

08/01/2022 ADDENDUM STATUS: COMPLETED
MRI brain is normal, please let pt know.

Impression:
Unremarkable MRI of brain.

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 08/01/2022 10:12

Receipt Acknowledged By:
08/01/2022 11:37 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

08/01/2022 ADDENDUM STATUS: COMPLETED

Called patient and he was identified using 2/3 patient identifiers (full name, full soc sec number, birth date).

Mr. Ross was informed that the MRI of his brain that was completed on July 31, 2022 was normal.

Patient asks that the order for an ultrasound of his abdomen be re-entered. He states that he called to cancel it previously. He was provided with the telephone number for Radiology at Mather VA Medical Center.

Provider to be informed.

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care
Signed: 08/01/2022 11:45

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Cosigned: 08/01/2022 11:50

08/01/2022 ADDENDUM STATUS: COMPLETED
Carotid US reordered for full workup of syncope

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 08/01/2022 11:50

08/17/2022 ADDENDUM STATUS: COMPLETED
Carotid US and CXR nml, please let pt know

Impression:

Minimal plaque. No stenosis.

Impression:

No radiographic evidence of acute cardiopulmonary disease. No pulmonary edema, soft tissue pulmonary nodules, or lobar alveolar consolidation/pneumonia appreciated.

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 08/17/2022 10:54

Receipt Acknowledged By:

08/17/2022 12:37 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

08/31/2022 ADDENDUM STATUS: COMPLETED
NMPS normal, please let pt know.

Interpretation Summary

The left ventricle is normal in size.

The ejection fraction estimate is 55-60%.

The right ventricle is normal in size and function.

Normal sized atria.

No valvular heart disease.

The inferior vena cava appears normal.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 08/31/2022 17:28

Receipt Acknowledged By:

09/07/2022 12:55 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Date/Time:	26 Apr 2022 @ 1325
Note Title:	Orthopedic 14333
Location:	No CA Healthcare Sys-Martinez
Signed By:	ANDERSON,BRETT CARL
Co-signed By:	ANDERSON,BRETT CARL
Date/Time Signed:	26 Apr 2022 @ 1332

Note

LOCAL TITLE: Orthopedic 14333

STANDARD TITLE: ORTHOPEDIC SURGERY NOTE

DATE OF NOTE: APR 26, 2022@13:25 ENTRY DATE: APR 26, 2022@13:25:05

AUTHOR: ANDERSON,BRETT CARL EXP COSIGNER:

URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT: "I have pain in my left."

HISTORY OF PRESENT ILLNESS: the patient is a 62-year-old male here for another opinion regarding his left knee. He is having pain on the posterior medial aspect of his knee that worsens with long standing or attempts at squatting. Once he squats down he has a hard time standing back up again. He has been limping around on his long international flights which is causing some increased back pain as well. He has had 3 prior arthroscopies with variable results. He has had multiple corticosteroid injections over the years with very short term improvement recently. He has not been wearing any bracing. He would prefer not to have surgery.

OBJECTIVE: PHYSICAL EXAMINATION

GENERAL PRESENTATION: normal development, no acute distress NEUROLOGIC: grossly intact bilateral sensation and muscle motor exam VASCULAR: warm extremities LYMPHATIC: no edema

GENERAL ORTHOPEDIC

Left knee: No effusion, range of motion 0 to 120° with pain at terminal flexion, positive medial joint line tenderness, positive McMurray, normal gait, neutral to slight varus alignment, no lateral joint line tenderness

Left knee x-rays from 1/27/2022 are reviewed which show moderate medial joint space narrowing.

Left knee MRI from 2/26/2022 was also reviewed which shows a complex tear of the posterior horn of the medial meniscus with a very thin rim of meniscal tissue from 3 prior meniscectomies, moderate chondral thinning in the medial compartment with good preservation of the lateral compartment

ASSESSMENT: Left knee medial meniscal tear with moderate osteoarthritis

PLAN: We had a long discussion regarding his options to include corticosteroid injections versus viscosupplementation versus arthroscopy versus total knee arthroplasty versus unicompartmental arthroplasty. He is having enough mechanical symptoms warrant arthroscopy may be helpful however he has had 3 prior arthroscopic surgeries and has a very thin rim of meniscal tissue. I counseled him that arthroscopy in the presence of osteoarthritis has very variable outcomes. Long-term, a total knee arthroplasty is where he is heading. He would like to avoid surgery at this point. If his mechanical symptoms worsen, he will contact us to discuss an arthroscopy again. He will do anti-inflammatories versus Tylenol in the meantime.

//signed//

Brett C. Anderson, MD
Orthopaedic Surgery - Sports Medicine
Fellow - AAOS

BCA/dns voice recognition technology and software, please excuse minor grammatical/typographical errors.

/es/ Brett C Anderson, MD
Orthopaedic Surgeon - Sports Medicine
Signed: 04/26/2022 13:32

Date/Time:	05 Apr 2022 @ 1620
Note Title:	Orthopedic Knee 60266
Location:	No CA Healthcare Sys-Martinez
Signed By:	MOITOZA,JAMES RAYMOND
Co-signed By:	MOITOZA,JAMES RAYMOND
Date/Time Signed:	05 Apr 2022 @ 1633
Note	

LOCAL TITLE: Orthopedic Knee 60266

STANDARD TITLE: ORTHOPEDIC SURGERY E & M NOTE

DATE OF NOTE: APR 05, 2022@16:20 ENTRY DATE: APR 05, 2022@16:20:22

AUTHOR: MOITOZA,JAMES RAYMO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Chief complaint: Medial LEFT knee pain, aggravated by squatting

History of present illness: 62-year-old flight attendant and service-connected US Air Force veteran returns for reevaluation of his left knee problem following MRI scan obtained on February 26, 2022. He was seen in consultation on December 21, 2021, presenting with a long history of chronic left knee problems.

He had been seen here in orthopedics in 2014 by Dr. Jeffrey Taylor and received

a steroid injection of his knee with some transient benefit. I also administered a steroid injection on December 21, 2021 but with only transient benefit.

Mr. Ross is continue to work as a flight attendant but has had to change his work schedule because he is no longer able to squat down to help with the galley and to reach down to the bottom of the carts. He notes that anytime he has to bend down, he has to modify his position to keep his left knee extended and this has aggravated pain in his lower back radiating into the left SI joint area. He notes that he limps a lot and his wife has remarked on this. He has a medial clicking sensation when he pivots and notes that his knee will sometimes lock up but he unlocks it by forcibly flexing it and then feels a click.

PHYSICAL EXAM: Patient is a comfortable slender Caucasian male who is in no obvious distress or discomfort.

Left knee: His gait is not particularly antalgic. However he is not able to squat. He lacks approximately 10 degrees of flexion compared to the right side. He is stable to varus valgus stress. McMurray maneuvers did not cause any pain or mechanical clunks.

MRI scan: February 26, 2022 = there is significant medial compartment arthritis and loss of cartilage from medial femoral condyle. There is an oblique tear of the posterior horn of the medial meniscus and some flare stress reactions in the area of the medial tibial plateau that is centered from anterior to posterior.

Impression:

1. Posterior horn medial meniscus tear LEFT knee with mechanical symptoms on squatting.
2. Moderate medial compartment osteoarthritis with progression from approximately 20% medial joint space narrowing 2013 to 50% in 2021.

ASSESSMENT: The patient's history of clicking and discomfort with squatting are consistent with damage of the posterior horn of the medial

meniscus as the medial femoral condyle "rolls up" onto the meniscus. He does have medial compartment arthritis and eventually will require an arthroplasty. However, I believe he may benefit from an aggressive debridement of the posterior horn of the medial meniscus to remove some of these mechanical symptoms that he has with squatting. It is definitely too soon to repeat a steroid injection at this time.

PLAN:

1. Refer the patient to Dr. Brett Anderson for consideration of aggressive arthroscopic debridement of posterior horn medial meniscus tear.
2. Eventual left total knee arthroplasty will be required but hopefully can be delayed/deferred for many years after successful arthroscopic debridement.

/es/ James Raymond Moitoza, M.D.

Orthopaedic Surgeon

Signed: 04/05/2022 16:33

Receipt Acknowledged By:

04/06/2022 08:23 /es/ Brett C Anderson, MD

Orthopaedic Surgeon - Sports Medicine

04/05/2022 17:26 /es/ Brandae M. Johnston, RN, BSN, AA

Nursing Service, Surg Spec Ortho/SAC

Date/Time:	08 Jan 2022 @ 1434
Note Title:	Radiology Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SWAN,NEPHTERIA
Co-signed By:	SWAN,NEPHTERIA
Date/Time Signed:	08 Jan 2022 @ 1434

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JAN 08, 2022@14:34 ENTRY DATE: JAN 08, 2022@14:34:32

AUTHOR: SWAN,NEPHTERIA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

RADIOLOGY COVID19 LETTER

JAN 08, 2022

ROBERT ALLEN ROSS

DEAR ROBERT ALLEN ROSS

We are sending a reminder to inform you that you have a pending xray order(s), we are accepting walk-ins, please check into Building 700, Radiology department between 8:00am and 4:30pm Monday-Friday. The order will be pending until up to 80 days of the date of this letter.

We appreciate your understanding during this time. Please contact your primary care doctor with any immediate health concerns or go to the closest emergency room.

Thank you,

/es/ Nephtheria Swan
Medical Support Assistant
Signed: 01/08/2022 14:34

Date/Time:	21 Dec 2021 @ 0926
Note Title:	Orthopedics Consult
Location:	No CA Healthcare Sys-Martinez
Signed By:	MOITOZA,JAMES RAYMOND
Co-signed By:	MOITOZA,JAMES RAYMOND
Date/Time Signed:	21 Dec 2021 @ 1633

Note

LOCAL TITLE: Orthopedics Consult
STANDARD TITLE: ORTHOPEDIC SURGERY CONSULT
DATE OF NOTE: DEC 21, 2021@09:26 ENTRY DATE: DEC 21, 2021@09:26:41
AUTHOR: MOITOZA,JAMES RAYMO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Orthopedics Consult Has ADDENDA ***

Chief complaint: 62-year-old flight attendant and service-connected US Air Force veteran presents with a long history of chronic left knee problems. He was last seen here in orthopedics in 2014 by Dr. Jeffrey Taylor and received a steroid injection of his knee with some transient benefit. However recently

he has been having more problems with limping his knee and particularly problems

bending his knee. He is not able to ambulate over uneven terrain and particularly has difficulty at work while pushing heavy carts on carpet. He is not able to squat on his left knee and is difficult for him to don his socks and

shoes. He has been using a local Voltaren gel which is been somewhat helpful. He takes ibuprofen sparingly because it bothers his stomach. He notes that his lower back is aggravated when he is limping and long flights are very difficult for him. He has a medial clicking sensation when he pivots and notes that his knee will sometimes lock up but he unlocks it by forcibly flexing it and then feels a click.

He also feels localized popliteal fossa pain that radiates into the proximal mid calf posteriorly, especially painful at night. He wondered if it was varicose veins but there are no veins there. He does have low back pain but

no radiating sciatic pain.

Past medical history: Patient underwent a partial arthroscopic medial meniscectomy of the left knee by Dr. Andrew Ho here in May 2012. Delaminated horizontal tear of the medial meniscus was described with the superior flap being debrided. He did well for a while after that but is then had steroid injections by Dr. Taylor.

KNEES: Gait: antalgia = minimal antalgia on the left
 Heel walk = normal/moderate antalgia, difficulty extending
 Toe walk = normal bilaterally
 One Leg Squats (R/L) = normal bilaterally
 Varus Thrust (R/L) = normal/mild
 One leg hop/pivot (R/L) = normal/mild pain

Effusion: None bilaterally

PROM: (R/L) Extension = 0/0; Flexion = 140/130

Ligament stress/stability (R/L)

Varus = stable/stable

Valgus = stable/stable

Lachmann = good end stops bilaterally ant. Drawer =

Pivot Shift = negative bilaterally

McMurray stress (R/L) = negative/mild pain no clicks

Patello-femoral(R/L)

inhibition/grind = negative bilaterally

apprehension = negative bilaterally

Quad strength (R/L) = good/good

Medial Joint line (R/L)= none/moderate anterior

Lateral Joint line (R/L)= none/none

Patellar tendon (R/L)= none/none
Quad tendon (R/L)= none/none
Pes anserinus (R/L)= none/none

PROCEDURE: After verbal discussion and written consent, patient underwent an arthrocentesis of the LEFT knee utilizing the superior lateral subpatellar approach. Skin was prepped with Betadine, then alcohol. 5 cc of 0.5% bupivacaine and 50 mg of Kenalog was injected atraumatically using a 21-gauge 1-1/2 inch needle. After approximately 5 minutes patient was reexamined: Patient felt comfortable and had no significant pain. Hopping activity was not as painful but still had difficulty flexing knee enough to don shoes and socks.

RADIOGRAPHS: September 15, 2020 = STANDING views bilateral knees in extension of flexion, lateral and sunrise view of left knee revealed mild medial joint space narrowing with a very small medial spur from the proximal left tibial plateau.

MRI scan: February 11, 2012 = complex horizontal and superior medial meniscus tear of left knee without significant osteoarthritis.

IMPRESSION:

1. Possible recurrent left knee medial meniscus tear
2. Probable osteoarthritis, medial compartment, left knee

ASSESSMENT: The patient seems to have been improved for the past 9 years following the partial meniscectomy in May 2012. Progressive osteoarthritis is expected but is not evident on the radiographs 15 months ago in September 2020. Therefore repeat standing x-rays are indicated and a repeat MRI scan to see if another arthroscopic procedure might buy him more time before a total knee arthroplasty is required.

PLAN:

1. Anesthetic and steroid injection left knee = done
2. STANDING radiographs bilateral knees
3. MRI scan LEFT knee
4. Follow-up evaluation after MRI scan available.

/es/ James Raymond Moitoza, M.D.
Orthopaedic Surgeon
Signed: 12/21/2021 16:33

03/01/2022 ADDENDUM STATUS: COMPLETED

I have personally reviewed the patient's MRI scan of February 26, 2022.

There

is evidence of a oblique tear of the posterior horn of the medial meniscus that is more obvious on the sagittal views than the coronal. There is also evidence of tricompartmental arthritis and stress reactions in the medial tibial plateau both the mid aspect as well as in the posterior medial aspect of the medial compartment.

I have also reviewed the patient's STANDING radiographs and compared

January 27, 2022 to the radiographs 15 months earlier in September 15 of 2020.

There has been ominous progression of the narrowing of at least 50% more narrowing now.

It is unlikely that a partial meniscectomy, taking out the rest of the posterior

horn, is going to significantly improve this patient. He is demonstrating the expected progression to osteoarthritis. I did inject his knee with corticosteroid on December 21, 2021 and hopefully he got some benefit from this.

I believe that the patient is most likely going to need a total knee arthroplasty in the future and I do not believe that arthroscopic intervention will prevent this or delay it. She should be seen for follow-up evaluation now that his MRI scan has been obtained and the above discussion presented to the patient.

/es/ James Raymond Moitoza, M.D.

Orthopaedic Surgeon

Signed: 03/01/2022 10:48

Date/Time:	21 Dec 2021 @ 0919
Note Title:	CONSENT CLINICAL IMED
Location:	No CA Healthcare Sys-Martinez
Signed By:	CVIX,IMEDWEBUSER
Date/Time Signed:	21 Dec 2021 @ 0919

Note

LOCAL TITLE: CONSENT CLINICAL IMED

STANDARD TITLE: CONSENT

DATE OF NOTE: DEC 21, 2021@09:19:23 ENTRY DATE: DEC 21, 2021@09:19:30

AUTHOR: CVIX,IMEDWEBUSER EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Vista Imaging - Scanned Document

Signature Informed Consent for Joint - Injection of Joint (Injection of Joint)

1. Anatomical Location: LEFT knee arthrocentesis and injection with local anesthetic and steroid

2. Informed consent was obtained at 9:16 AM on 12/21/21.

The full consent document can be accessed through Vista Imaging.

3. Patient name: ROSS, ROBERT ALLEN

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

Painful, worn, injured, or infected joint.

7. Treatment/procedure: This procedure involves the injection of a joint for diagnostic or therapeutic intervention, most commonly using medications for the treatment of pain and inflammation.

Sacramento Mather VAMC

8. No, neither anesthesia nor moderate sedation will be used in this treatment/procedure.

9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this treatment/procedure.

10. Practitioner obtaining consent: James Raymond Moitoza, MD

11. Supervising practitioner:

12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):

13. Witness Name(s):

14. Comments:

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 12/21/2021
by: IMEDWEBUSER CVIX

Date/Time: 09 Dec 2021 @ 1148

Note Title: Care Management Nursing Note

APPENDIX 651

Location:	No CA Healthcare Sys-Martinez
Signed By:	JONES,SHEARON
Co-signed By:	JONES,SHEARON
Date/Time Signed:	09 Dec 2021 @ 1312
Note	
<p>LOCAL TITLE: Care Management Nursing Note STANDARD TITLE: CARE MANAGEMENT NURSING NOTE DATE OF NOTE: DEC 09, 2021@11:48 ENTRY DATE: DEC 09, 2021@11:48:40 AUTHOR: JONES,SHEARON EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Patient identified using 2/3 patient identifiers (full name, full soc sec number, birth date).</p> <p>Mr. Ross presents to the clinic to have his blood pressure checked. It is 123/70 and his pulse is 74. Patient denies having a severe headache, blurred vision, nausea, vomiting, drowsiness, confusion and persistent numbness and tingling in his hands and feet.</p> <p>He was informed that his vitamin B12 is very low and that Vitamin B12 500mcg has been mailed to him to take daily. His vitamin D is also very low and Vitamin D 4000iu was mailed to him to take daily for one month and then 2000iu daily thereafter.</p> <p>Patient was informed that his hemoglobin A1c, which tells us what your average blood sugar has been over the three months prior to the blood draw, is in the pre-diabetic range and is 6.0%. He was encouraged to monitor his diet and to eat low glycemic foods.</p> <p>In addition, he was informed that his LDL is not at goal and was 176 when checked. He will complete fasting labs in six months.</p> <p>FMLA paperwork was completed by primary care provider and given to patient.</p> <p>Provider in to discuss lab results with patient. He was informed that a consult to the Orthopedic Department was entered for assessment of left knee pain. Patient encouraged to eat a well-balanced, low-fat, low-salt diet.</p> <p>Patient verbalized understanding and voiced no other needs.</p> <p>/es/ Shearon Jones, RN Nursing Service, Case Manager, Primary Care Signed: 12/09/2021 13:12</p> <p>Receipt Acknowledged By:</p>	

12/09/2021 13:37 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

Date/Time:	02 Dec 2021 @ 1055
Note Title:	Primary Care Telephone Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	DULAI,KAMALPREET
Co-signed By:	DULAI,KAMALPREET
Date/Time Signed:	02 Dec 2021 @ 1105

Note

LOCAL TITLE: Primary Care Telephone Note
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: DEC 02, 2021@10:55 ENTRY DATE: DEC 02, 2021@10:55:27
AUTHOR: DULAI,KAMALPREET EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Telephone Note Has ADDENDA ***

C/C: est care, FMLA paperwork

HPI: Pt is a 62yo M TAP today to discuss soem concerns:

1. Needs FMLA paperwork filled out for his L knee. SC for this. s/p 3 surgeries. Continues to bother him, he is a pilot for AA, and when exacerbated,

he does need to rest it for 5-7 days. This occurs 2-3 x a year. He would like to see ortho and get reimaging as symptoms are worsening. Pain is in back of knee as well.

2. Phlegmy cough since 1/2020, believes he might have had COVID. Has had vaccinations. Not hydrating and also has cramps in hands, LE as well. Using flonase PRN. NO fever with this, no SOB.

3. L cataract, will f/u with eye clinic

4. Increased stress at work with his union. Checking BP at home during stressful times and always >140/90 per pt.

PMH:

Computerized Problem List is the source for the following:

- | | |
|---|--------------------------|
| 1. Cough | 09/30/20 BUCAYCAY,ELEANO |
| 2. Knee pain | 08/26/20 BUCAYCAY,ELEANO |
| 3. Depressive episode | 08/31/15 WEBER,DIANE ELL |
| 4. General Anxiety | 08/31/15 WEBER,DIANE ELL |
| 5. Varicose veins of lower extremity (SNOMED CT 72866009) | 08/04/14 TAYLOR,JEFFERY |

6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13 DOCTOR,FEDERICO
 7. GERD * (ICD-9-CM 530.81) 04/24/13 DOCTOR,FEDERICO
 8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
 9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
 10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
 11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
 12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
 13. Pain in joint involving lower leg (ICD-9-CM 719.46) 06/27/08 WOO,JOSEPH C
 14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

Medications:

see med list

Immunizations:

PCE IMMUNIZATIONS

Immunization	Series	Date	Facility	Reaction Info
COVID-19 (MODERNA), MRNA, LNP-S,*	2	03/27/2021	El Dorado*	
	1	02/27/2021	EL DORADO *	
INFLUENZA, INJECTABLE, QUADRIVALE*		10/06/2020	MCCLELLAN *	
TD(ADULT) UNSPECIFIED FORMULATION		06/00/2005	No Site	
TDAP		07/26/2019	MCCLELLAN *	

PCE HEALTH FACTORS SELECTED

IMMUNIZATION [C]

08/17/2015 Refused Td / Tdap / Dtap
 07/18/2014 Refused Td / Tdap / Dtap
 04/24/2013 Refused Influenza Immunization
 03/07/2012 Refused Influenza Immunization
 Refused Td / Tdap / Dtap
 02/24/2011 Refused Influenza Immunization
 05/24/2010 Refused Influenza H1n1
 Refused Influenza Immunization
 12/18/2008 Refused Td / Tdap / Dtap

ROS:

CONSTITUTIONAL: No weight loss, fever, chills, weakness or fatigue.

HEENT: Eyes: No visual loss, blurred vision, double vision or yellow sclerae.

Ears, Nose, Throat: No hearing loss, sneezing, congestion, runny nose or sore throat.

SKIN: No rash or itching.

CARDIOVASCULAR: No chest pain, chest pressure or chest discomfort. No palpitations or edema.

RESPIRATORY: cough or sputum.

GASTROINTESTINAL: No anorexia, nausea, vomiting or diarrhea. No abdominal pain

or blood.

NEUROLOGICAL: No headache, dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

MUSCULOSKELETAL: L knee pain

Pertinent Labs:

Collection DT	Spec	Lab	CHOL	TRIGLYC	HDL	LDL-CHO
08/20/2020 10:36	PLASM	[634]	234 H	285 H	38 L	139
07/25/2019 10:35	PLASM	[634]	259 H	277 H	38 L	166 H

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

SCL1 - Partial CBC

Collection DT	Spec	Lab	WBC	HGB	HCT	MCV	MCHC	PLT
08/20/2020 10:35	BLOOD	[634]	5.1	15.7	46.7	89.0	33.6	307

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

SCL1 - Lab Cum Selected 1

Collection DT	Spec	Lab	NA	K	CL	CO2	CALCIUM
08/20/2020 10:35	PLASM	[634]	134 L	4.1	99	24	9.3

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

SCL2 - Lab Cum Selected 2

Collection DT	Spec	Lab	GLUCOSE	BUN	CREAT	eGFR
08/20/2020 10:35	PLASM	[634]	117	19	1.10	>60
07/26/2019 14:54	PLASM	[634]	100	21	1.03	>60

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

SCL3 - Lab Cum Selected 3

Collection DT	Spec	Lab	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK	PHO	AST
08/20/2020 10:35	PLASM	[634]	7.3	4.5	0.6	<0.1 L	62	22	21

Performing Lab Sites

[634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]
10535 HOSPITAL WAY MATHER, CA 95655-4200

HbA1c-last 3

Collection DT	Spec	Lab	HGBA1c
07/26/2019 14:54	BLOOD	[634]	5.9 H